

Applicant Name \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**CHANGE OF ADDRESS/CONTACT NOTIFICATION FORM****NAME CHANGE**

If there has been a name change as well as an address change, please complete the following:

Previous Company Name: \_\_\_\_\_

Current Company Name: \_\_\_\_\_

**ADDRESS/CONTACT CHANGE**

This form is to be completed as a courtesy filing in conjunction with other changes or to notify regulatory officials of address changes or contact person changes applicable to your Company. For each address change, please indicate one or more areas for which the change given below is applicable:

	Catastrophe/Disaster Coordination Contact	A contact person for state departments to contact for information if there is a catastrophe or disaster.
	Claim Information	A contact person for the public to contact for claim information.
	Consumer Complaints Contact	A contact person for state consumer complaint staff to contact for resolution of complaints filed with the state department.
	Form and/or Rate Filings Contact	A person for state departments to contact regarding issues on policy forms filings or rate filings.
	Local Office in Domestic/Foreign State Contact	A person for the public or state departments to contact.
	Managing General Agent	A person for the public or state departments to contact.
	Policyholder Information	A person for the public to contact.
	Producer Licensing Contact	A person for state departments to contact regarding issues of producer licensing.
	Regulatory Compliance/Government Relations	A person for state departments to contact on matters related to regulation but unrelated to public complaints filed with the state department.)
	Premium Tax Contact	A person for state departments to contact regarding issues of payment of premium tax.
	Company Licenses/Fees/Deposits Contact	A person for state departments to contact regarding issues of payment of license fees.
	U.S. Legal Counsel (for aliens)	A person for state departments to contact.

**Note:** Do not use this form to notify states for a change of address requiring a corporate amendment or person receiving Service of Process. This change should be submitted by completing a Corporate Amendment Application or a Uniform Consent to Service of Process.

† This notice is for all states; **OR** this notice is for the following state(s) only:

†AL	†AK	†AS	†AZ	†AR	†CA	†CO	†CT	†DE	†DC	†FL	†GA
†GU	†HI	†ID	†IL	†IN	†IA	†KS	†KY	†LA	†ME	†MD	†MA
†MI	†MN	†MS	†MO	†MT	†NE	†NV	†NH	†NJ	†NM	†NY	†NC
†ND	†OH	†OK	†OR	†PA	†PR	†RI	†SC	†SD	†TN	†TX	†UT
†VT	†VI	†VA	†WA	†WV	†WI	†WY					

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**NEW CONTACT**

Contact Name: \_\_\_\_\_

Previous Contact Name (if changed): \_\_\_\_\_

Name of MGA (if contact or address changed): \_\_\_\_\_

**NEW ADDRESS**

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_ Suite/Mail Stop: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date of Preparation

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title